



CUSTOMER USE ONLY
FROM: (PLEASE PRINT)

PHONE ()

Ruth Delia Luisa Martinez Velez
PMB 506
609 Ave. Tito Cestra Suite 102
Ponce, Puerto Rico 00716-0200

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

- No Saturday Delivery (delivered next business day)
- Sunday/Holiday Delivery Required (additional fee, where available*)
- 10:30 AM Delivery Required (additional fee, where available*)

*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)

PHONE ()

Clerk's Office
United States District Court
Rooms 150 Federal BLDG
San Juan, Puerto Rico

ZIP + 4® (U.S. ADDRESSES ONLY)

0 0 9 1 8 - 1 7 6 7

- W For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 insurance included.

PEEL FROM THIS CORNER

EMS

EP13F July 2013 OD: 12.5 x 9.5



PS10001000006



EJ 384 223 201 US



1005



00918

U.S. POSTAGE PAID
PME 1-Day
MERCEDEITA, PR
00715
SEP 15, 20
AMOUNT

\$26.35
R2303S102391-02

PAYMENT BY ACCOUNT (if applicable)			
USPS® Corporate Acct. No.	Federal Agency Acct. No. or Postal Service™ Acc't. No.		
ORIGIN (POSTAL SERVICE USE ONLY)			
<input checked="" type="checkbox"/> 1-Day		<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage	
00715	9/16	\$ 26.35	
Date Accepted (MM/DD/YY)	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input checked="" type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	Insurance Fee	COD Fee
9/15		\$	\$
Time Accepted	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee
212 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	\$	\$	\$
Special Handling/Fragile	Sunday/Holiday Premium Fee	Total Postage & Fees	
\$	\$	26.35	
Weight	Acceptance Employee Initials		
lbs. 0.025	26n	\$	
DELIVERY (POSTAL SERVICE USE ONLY)			
Delivery Attempt (MM/DD/YY)	Time	<input type="checkbox"/> AM	Employee Signature
		<input type="checkbox"/> PM	
Delivery Attempt (MM/DD/YY)	Time	<input type="checkbox"/> AM	Employee Signature
		<input type="checkbox"/> PM	

LABEL 11-5, MARCH 2015

PSN 7690-02-000-9996



SIGNATURE INCLUDED UPON REQUEST

* Money Back Guarantee to U.S., select APO/FPO/DPO, and select International destinations. See DMM and IMM at pe.usps.com for complete details.

+ Money Back Guarantee for U.S. destinations only.



UNITED STATES

RECEIVED SEP 16 2015
2015 SEP 16 2015
RECEIVED & FILED